

STATE OF UTAH
DEPARTMENT OF PUBLIC SAFETY
HIGHWAY SAFETY OFFICE
3888 West 5400 South
Salt Lake City, Utah 8418
PHONE: (801) 957-8570 FAX: (801) 957-8588

HIGHWAY SAFETY PROJECT APPLICATION

Catalog of Federal Domestic Assistance (CFDA) # _____

1. PROJECT TITLE:

2. PROJECT NO.:

3. SUBGRANTEE'S NAME & ADDRESS:

4. PROJECT PERIOD (WITHIN OCT. - SEPT.):

Oct 1, 20__ - Sept 30, 20__

5. PROJECT DIRECTOR:

NAME:

TITLE:

PHONE:

I AGREE TO THE TERMS HEREIN:

DATE: _____

6. AUTHORIZING OFFICER:

NAME:

TITLE:

PHONE:

I AGREE TO THE TERMS HEREIN:

DATE: _____

7. FISCAL OFFICER:

NAME:

TITLE:

PHONE:

I AGREE TO THE TERMS HEREIN:

DATE: _____

8. APPROVAL - UHSO:

COORDINATOR _____

DIRECTOR _____

9. APPROVAL - GOVERNOR'S REPRESENTATIVE FOR HIGHWAY SAFETY:

_____ DATE _____

10. BUDGET SUMMARY:

FEDERAL FUNDS

SUBGRANTEE CONTRIBUTIONS

TOTAL PROJECT COST

a) PERSONNEL

\$

\$

\$

b) CONTRACTUAL SERVICES

\$

\$

\$

c) EQUIPMENT

\$

\$

\$

d) TRAVEL

\$

\$

\$

e) SUPPLIES AND OPERATING

\$

\$

\$

f) TOTAL COST

\$

\$

\$

g) FUND PERCENTAGES

%

%

100%

11. PROJECT SUMMARY (Problem, Objectives, Methods, Timing, and Evaluation)(Attach additional pages if necessary):

BUDGET DETAIL

ITEM DESCRIPTION	QUANTITY AND UNIT COST	FEDERAL FUNDS	SUBGRANTEE CONTRIBUTION*	TOTAL COST

*IF MORE THAN ONE SOURCE - PLEASE IDENTIFY SEPARATELY